



Form AD-343, Payroll Action Request

PAYROLL ACTION REQUEST		2. ADJUSTMENT PERIOD (Inclusive)	
		FROM	TO
1. XX-12-12345	PERSONNEL OFFICE SEQUENTIAL REQUEST NUMBER 12-15-2006	DATE 2/7/1988	DATE 6/24/2000
3. INSTRUCTIONS ON REVERSE OF AGENCY COPY PLEASE READ CAREFULLY <div style="text-align: center;"> U.S. DEPARTMENT OF AGRICULTURE NATIONAL FINANCE CENTER PO BOX 60000 NEW ORLEANS LA 70160 </div>		4. FROM AGENCY CODE XX PERSONNEL OFFICE IDENTIFIER XXXX ACCT. STATION CODE XXXX	
		AGENCY NAME AND MAILING ADDRESS Sample Agency 1234 Main Street	
		CITY Anywhere STATE ST ZIP CODE 12345	
		5. EMPLOYEE'S T&A CONTACT POINT 	
9. SOCIAL SECURITY NO. 123-45-6789		10. EMPLOYEE'S NAME (Last, First, Middle Initial) Pan, Peter Q.	
11. NATURE OF ACTION TO BE TAKEN Pre- and Post-Conversion Retirement Coverage Code Correction TSP Adjustment IRR Correction		12. TERMINATED IF YES → DATE TERMINATED <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	
13. EXPLANATION OF CIRCUMSTANCES WHICH REQUIRE THIS ACTION <div style="text-align: center;"> THIS IS A FERCCA CASE. </div> Correction to SF-2806 and SF-3100 and TSP adjustment needed. Employee was erroneously placed in FERS (K) effective 2/07/1988. Should have been CSRS (1). Employee was then incorrectly placed in FERS on 1/22/1995. Should have been FICA (2). Employee should have been CSRS-Offset effective 11/12/1995. See supplemental page for summary of corrections.		14. GROSS AMOUNT OF ADJUSTMENT \$	
15. ACCOUNTING DATA TO BE CHARGED AND/OR CREDITED 07XXXXXXXX9999999			
16. ATTACHMENTS SUPPORTING OR AUTHORIZING THIS ACTION OPM letter of FERCCA eligibility. Corrected SF50's. Pre-conversion retirement deduction worksheet. Copies of pre-conversion SF3100's and SF2806's			
17. PERSON TO BE CONTACTED FOR ADDITIONAL INFORMATION Mary A. Poppins		TELEPHONE (Area Code and Number) 123/456-7890	
18. EMPLOYEE'S SIGNATURE AND DATE SIGNED (If Required) 			
19. APPROVAL AUTHORIZED OFFICIAL'S SIGNATURE AND TITLE _____ DATE APPROVED _____			

Sample Supplement to Form AD-343**SUPPLEMENT TO BLOCK #13 OF AD343
EXPLANATION OF CIRCUMSTANCES THAT REQUIRE THIS ACTION**

SSN: 123-45-6789
Employee's Name Pan, Peter Q.
Agency Contact Mary Poppins Phone: 123/456-7890

1. Change retirement code from "K" to "1" from 2/7/1988 through 2/28/1989.
Please remove agency TSP contributions and residual earnings from employee's TSP account.
Employee TSP contributions will remain in TSP account (no refund allowed prior to 1/1/2000).
2. Change retirement code from "K" to "2" from 1/22/1995 through 11/11/1995.
Please remove agency TSP contributions and residual earnings from employee's TSP account.
Employee TSP contributions will remain in TSP account (no refund allowed prior to 1/1/2000).
3. Change retirement code from "K" to "C" from 11/12/1995 through 6/24/2000.

RETIREMENT SYSTEM ADJUSTMENT WORKSHEET
FOR PRIOR-TO-CONVERSION DEDUCTIONS

Agency: XX SON: XXXX
Name: Pan, Peter Q. SSN: 123-45-6789
Year: 1988 Retirement Plan: FERS

PPD	Retirement Base Pay	OASDI Wages	Medicare Wages	Retirement Deductions	OASDI Deductions	Medicare Deductions
25						
26						
1						
2						
3						
4	278.80	278.80	278.80	0.00	16.90	4.04
5	529.72	529.72	529.72	0.00	32.10	7.68
6	522.75	522.75	522.75	5.18	31.68	7.58
7	515.78	515.78	515.78	12.45	63.36	7.48
8	536.69	538.48	538.48	5.04	32.63	7.81
9	557.60	557.60	557.60	5.24	33.79	8.09
10	432.14	435.20	435.20	4.06	26.38	6.31
11	529.72	529.72	529.72	4.98	32.10	7.68
12	501.84	501.84	501.84	4.72	30.41	7.28
13	453.05	453.05	453.05	4.26	27.46	6.56
14	195.16	195.16	195.16	1.83	11.83	2.83
15	0.00	0.00	0.00	0.00	0.00	0.00
16	0.00	0.00	0.00	0.00	0.00	0.00
17	0.00	0.00	0.00	0.00	0.00	0.00
18	1,232.50	1,232.50	1,232.50	11.58	74.68	17.87
19	0.00	0.00	0.00	0.00	0.00	0.00
20	0.00	0.00	0.00	0.00	0.00	0.00
21	0.00	0.00	0.00	0.00	0.00	0.00
22	0.00	0.00	0.00	0.00	0.00	0.00
23	0.00	0.00	0.00	0.00	0.00	0.00
24	0.00	0.00	0.00	0.00	0.00	0.00
	6,285.75	6,290.60	6,290.60	59.34	413.32	91.21

Sample Supplement to Form AD-343

SUPPLEMENT TO BLOCK #13 OF AD343
EXPLANATION OF CIRCUMSTANCES THAT REQUIRE THIS ACTION

SSN: _____

Employee's Name _____

Agency Contact _____ Phone: _____